1	PATENT APPLICATION FEE DETERMINATION RECO								Application or Docket Number .					
Effective October 1, 2003							JHE	10803040						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY		•	R THAN	15	
Г	TOTAL CLAIMS			51				RATE	FEE	OF	RATE	ENTITY	10	
FOR			MUMBE		NUMBER EXTRA		·	BASIC FI		┪	BASIC FEI	FEE 770.00	4 9	
	OTAL CHARGE	Sim	inus 20=	. 31			X\$ 9=	- 3333	108			19		
100	DEPENDENT C		ninus 3 =	•			X43=	+	-IOR		558	<b>4</b> C		
M	ULTIPLE DEPE	NDENT CLAIM P	RESENT					X43=	-	OR	X86≠		4 5	
* If the difference in column 1 is less than zero, enter "0" in column 2						polumn 2		+145=	<del> </del>	ОЯ	+290=		』`	
CLAIMS AS AMENDED - PART II								TOTAL	<u></u>	JOR	TOTAL	1340	4	
L	(Column 1) (Column 2) (Column 3)						•	SMALL	ENTITY	OR	OTHER			
A F		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID F	ER	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	1.	
ENDMENT	Total	. 62	Minus	-3	<u> </u>	- 1	ı	X\$ 9=	FEE	OR	X\$18=	FEE 100	1	
AME	Independent	. 9	Minus	<b></b> 3		- /	t	X43-	1	OR	X86.	86	i	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ŀ	+145=		•	1200	4.6		
	)- /						L	ATOTAL		OR	+290=		•	
3	(Column 1) (Column 2) (Column 3)							DOIT. FEE	<u> </u>	JOR .	ADDIT. FEE		74	
AMENDMENT B	La	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	si er usly	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		PATE	ADDI- TIONAL	ر ۱۰۰	
	Total	. 62	Minus	- (	27	3	T	X\$ 9=	1	OR	XS1B=	FEE		
A		· CO	Minus			S.	ŀ	X43=		OR	X86-	+		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145+	$\vdash \uparrow$	•	+290=	+	٠.	
		•	•				L	TOTAL		OR OR	101/4	-		
	•	(Column 1)	•	(Column	r 21	(Column 3)	AC.	OTT. FEE	· ·	ion ,	OOR FEEL	· · · /	. 7.	
NT C	7/17/06	CLAIMS REMAINING . AFTER AMENDMENT		HIGHE NUMBE PREVIOU PARD PC	ST SR ISLY	PRESENT EXTRA	Γ	PATE	ADDI- TIONAL		PATE	ADDI- TIONAL	-	
AMENDMEI	Total	70	Minus	-6	7	-/	1	XS 9=	FEE	OR	X\$18=	FEE.		
AME	Independent		Ulinus	<del>-</del> 9		7	-	X43=	-/-	. 1	X86=			
	FIRST PRESENTATION/OF MULTIPLE DEPENDENT CLAIM							145=		OR		-+-1	•	
• 6	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR	+290=			
	the Tignest Num	ber Proviously Paid ber Proviously Paid or Proviously Paid	For IN THIS	SPACE IS N	es than	20, enter '20."		TOTAL OT, FEE	_		TOTAL DOTT FEEL	÷.		

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FORM PTO-075 (Nex 1003)

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